

well-defined tuberculosis elsewhere. Many of the so-called cases of primary affections that have been operated, diagnosis verified by the microscopical findings, develop tuberculosis of the lungs in the course of a few years. No doubt this lung condition was present at the time of operation and they can not be considered as belonging to this class.

The more you study this classification I have made of tuberculosis of the larynx, the easier it is to arrive at something definite.

We do find cases of tuberculosis of the larynx without laryngeal symptoms, and it is a noteworthy fact that some of these patients will begin to have trouble as soon as treatment is begun, so it is recommended that you let them alone. The active laryngeal cases are operated upon because of their distressing symptoms. Patients can be made much more comfortable, and we should not hesitate to relieve them. One of the cases that I reported illustrates this very beautifully.

When the whole of the larynx is involved in the tubercular process it will of necessity fall into the group where we operate for the relief of the laryngeal symptoms, and probably the preliminary operation would be a tracheotomy. You certainly will not attempt to operate with any chance of effecting a cure.

I have seen tubercular ulcerations of the true chords operated on very successfully by the use of the cautery. In summing up the situation we find that primary tuberculosis is so rare or so difficult of diagnosis that very few cases are operated.

Second, that cases without laryngeal symptoms should be left alone.

Third, that the active cases are operated simply for the relief of distressing symptoms.

Fourth, that the passive cases are the ones of natural selection for operation.

The president suggested that the society should discuss the advisability of total extirpation of the tonsils, saying: "Lately, at different meetings, the question of tonsil operations was discussed and many advocate the excision of every particle of tonsil. I, myself, I must confess, have not quite made up my mind about it. What is a normal tonsil? When should we remove them and how much of them?"

Dr. Houston said that for the past year he had given up the use of the guillotine, the Myle's punch, etc., and limited himself to total extirpation of the gland with the cold wire snare. He finds this method efficient in all cases. He operates under chloroform anesthesia, with the patient in the reclining position. The tongue is held by an assistant. The adhesions to the pillars are torn loose with a long blunt hook and scissors, then the tonsil is drawn to the median line with a Knight's nasal forceps, and with the Farlow snare, cut through, taking about four minutes for this latter procedure. The hemorrhage is usually brisk at the time. The doctor reported three cases of post operative hemorrhages—one on the fourth, one on the seventh and one on the eighth day.

Dr. Cohn said that he could not thoroughly agree with Dr. Houston, and thought that the radical enucleation should be employed only in those cases in which the tonsils cannot be removed by any of the tonsillotomes, tonsil punches, etc. He considers that in the ordinary cases of hypertrophy only the portion projecting above the pillars need be removed, as the remaining stump shrinks, leaving a smooth cryptless surface. Continuing he said that the removal usually requires one or two minutes, while the enucleation, as described by Dr. Houston, requires three-quarters of an hour, confinement in bed for a number of days, is frequently attended with severe hemorrhage, leaves the throat in a very much inflamed state and serves no purpose not answered by the simple removal.

Dr. Merritt said that after operation in many of these cases there is a bit sticking out which cannot

be removed with impunity for fear of taking too much. In hard and fibrous tonsils he was afraid of after hemorrhage.

Dr. Philip does not send his tonsil patients to the hospital. He operates on the patient, where the crypts are filled with material, by removal piece by piece, the patient not losing any time from his work.

Dr. Welty divides the tonsil operations into two classes dependent upon the pathological condition. In the first class the tonsil is hypertrophied without involvement of the crypts and is not adherent to the pillars of the fauces. These tonsils can be thoroughly removed by the tonsillotome. The second class included those cases adherent to the pillars, and we operate to eliminate the crypts. Dr. Welty uses long-handled curved scissors, tonsillar forceps, blunt and sharp dissectors and a large strabismus hook.

W. SCOTT FRANKLIN, Secretary.

Gonorrhea and Enlarged Prostate.

The statements of patients are, of course, notoriously misleading; and yet it is generally conceded that fully 75 or 80 per cent of adult males have gonorrhea in early life, and that fully 60 per cent of these have posterior urethritis. Inasmuch as less than 20 per cent of those who pass their fifty-fifth year have prostatic hypertrophy, one certainly cannot infer any very direct connection between the two. To assume that the early gonorrhea produces the hypertrophic change of later life would be to assume something that proves too much. There are not enough hypertrophied prostates to go around.—Keyes, in *Journal A. M. A.*

Insanity and Tuberculosis.

The study of insanity in its relation to tuberculosis is exciting the attention of the thoughtful alienists of all lands. While it is not directly related to the supreme and higher question in forensic medicine, of how far and to what extent preventive legislation can be relied upon to arrest and avert the ravages of this dreadful scourge of the human race, it is forced into public recognition, because the insane being nearly all dependent, are the wards of the state; and the approaching congress at St. Louis is regarded by the management as a suitable occasion to call upon the leading alienists and neurologists of the world for a full discussion of this subject, with a view and to the end that the contributions can all be presented before one of the sections of the congress without at all interfering in its greater work on preventive legislation, and the various themes which are now under consideration by the committee having charge of the formation of the programme.—Clark Bell, Esq.

XVth International Congress of Medicine—(Lisbon, 19-26 April, 1906).

The 5th number of the *Journal of the XVth International Congress of Medicine* is published. It is dated from the 20th of February and contains interesting news. The number of the reports that are assured in the different sections gets up 205 till now, and they are signed by the highest names of the medical sciences. The programme of the Lectures is also very advanced: Sir Patrick Manson, prof. Brissaud, drs. José Esquerdo and P. Aaser, and prof. Azevedo Sodré are inscribed already and the Committee of the Congress expects the inscription of other scientists that are invited. At last, the organisation of the national Committees is nearly complete in the several countries. (*Sic.*)